

CERTIFICATE TO CHANGE SITW		
Name (Last, First, MI)	SSN:	Date: (dd/mmm/yy)
<p>I Request that the monthly SITW for State be Increased</p> <p>Decreased (Check one) to</p>		
<p><b>I UNDERSTAND THAT THIS FORM DOES NOT ESTABLISH OR CHANGE MY LEGAL RESIDENCE, THE AMOUNT OF FEDERAL INCOME TAX WITHHOLDING, NOR THE NUMBER OF EXEMPTIONS I HAVE CLAIMED.</b></p>		
Signature		

PSAJAXFORM 7220/1 (Rev 01/01)